1 July 1985

| STAT | MEMORANDUM FOR: | |
|--------------|---|--|
| STAT | | Director. Foreign Broadcast Information Service |
| SIAI | FROM: | |
| | | Chief, Administrative Staff/FBIS |
| STAT | SUBJECT: | Request for Maternity Leave |
| STAT STAT | 31 days Leave Wi 26 July 1985. H be 51 and 38 hou and last until t | to take thout Pay. plans to begin maternity leave on Her annual leave and sick leave balances at that time will ars respectively. Her LWOP status will start on 13 August the completion of her maternity leave on 8 October 1985. Towal of her request. Her memorandum is attached. |
| STAT | | |
| STAT | | |
| | V _{D/FBIS} | |

1 attachment as stated

Date 6-18-85

| MEMORANDUM FOR: | Director, Foreign | Broadcast Ini | formation Ser | vice | | | | |
|--|--|-------------------------------------|---------------|-------------|--|--|--|--|
| VIA: | Chief, Chief, IPRS Chief, Production Chief, Personnel | Group | Staff/Group | , | | | | |
| FROM: | Employee's Name Employee Number | | | | | | | |
| SUBJECT: | Request for Leave | for Maternity | Purposes | , | | | | |
| 1. Approval is requested for maternity leave for the undersigned as follows: | | | | | | | | |
| | kday: JULY 26, | · · · · · · · · · · · · · · · · · · | | | | | | |
| Leave Ba | lances as of: | LI 8, A85 | | | | | | |
| Annual I | lances as of: 4/1/ eave: 37 | Sick | Leave: 24 | | | | | |
| Number of Hours Sick Leave to be used: (during incapacitation Period only) | | | | | | | | |
| Number of Hours Annual Leave to be used: | | | | | | | | |
| Number of LWOP Hours requested: 352approx. | | | | | | | | |
| 2. I plan to: | | | | | | | | |
| a. Return to work on: October 8, 1985 | | | | | | | | |
| b. Resign from the Agency on: | | | | | | | | |
| 3. A statement from my physician is attached certifying to my pregnancy, the period of incapacitation, and the expected date of my delivery. | | | | | | | | |
| | | | | | | | | |
| | | | (name and s | ignature | | | | |
| | | | | | | | | |

Attachment:
Physician'

STAT

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Physician's statement

| | | • | | |
|-----------|-------------------|------------------------|-----|------|
| SUBJECT: | Request for Leave | for Maternity Purposes | | |
| Approved: | • | | , * | |
| Director, | Foreign Broadcast | Information Service | | Date |

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